Only

## STATEMENT OF

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FEC FORM 1		ORGANIZATION							Office Use Only							
1. NAME OF COMMITTEE (in full)			Check if names changed)		mple: If typi r the lines.	ng, type	12	2FE4	lM5			,				
PA Values																
		DO D 5	100													
ADDRESS (number a	nd street)	PO Box 5	0160													
(Check if address is changed)		Harrisbu	rg					PA ATE ▲		7110	ZII	 	DE A			
COMMITTEE'S E-MA	AIL ADDRE	SS														
(Check if address is changed)		rose.eli	za@gmail.d	com												
		Optional  jmann	Second E-Ma ion@skado	ail Address den.com												
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UI	RL)													
2. DATE 0	1 / D	7 / Y	2017													
3. FEC IDENTIFIC	CATION N	JMBER ▶	. C	C0063190	)3											
4. IS THIS STATEM	MENT X	NEW	(N) <b>O</b>	R	AMEN	IDED (A)										
certify that I have e	examined th	nis Stateme	nt and to the	best of my	knowledge	and belief	it is tru	ie, coi	rrect a	nd cor	mplete.	a.				
Type or Print Name	of Treasure	r Rose, El	iza, , ,													
Signature of Treasure	er <i>Rose</i> ,	Eliza, , ,			[Electronica	illy Filed]	Date		M M M	/ D	27	/ Y	2017	YYY		
NOTE: Submission of	false, erron		omplete inform							he pen	alties c	of 2 U.	S.C. §	437g.		
Office Use		For further in Federal Electio Toll Free 800-4										FEC FORM 1 (Revised 06/2012)				

Toll Free 800-424-9530

Local 202-694-1100